

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 100750 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
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27						
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
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39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	13					
TOTAL CLAIMS	20	5	6	4	3	2

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			